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o a collection of information unless it displays a valid OMB control number. Under the Paperwork Roc Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/085,254 (H0002864) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY **SMALL ENTITY** (Cohum 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE OR \$ 07 CFR 1.166u) TOTAL CLAIMS 28 OR 48 minus 20 -(37 CFR 1.16(c)) INDEPENDENT CLAIMS 9 minus 3 6 OR (37 CFR 1,160b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) OR . OR TOTAL TOTAL If the difference in column I is less than zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Cohum 3) (Column I) (Column 2) CLAIMS HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR ເຊ 50 ຊ 0 Total = 0 48 Minus 48 (37 CFR 1.16(e)) OR 200_ Indopondent 0 Minus 9 0 9 OR G7 CFR 1.15(b)) G7 CFR LIEGD FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR 0 ADDIT. FEE 3/3/06 ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-8 PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total G7 CFR 1.16618 48 Minus 48 OR Independent = Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Of CFR (.eKd) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE MENDMENT PAID FOR OR Total = Minus OR Independent *** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "If in column 3.
•• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Poid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Smirnest: This form is estimated to lake U.2 hours to complete. Time will very depending upon the needs of the incividual case.

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